

**RECEIVED
CENTRAL FAX CENTER**

FEB 06 2006

FAX TRANSMISSION**DATE:** February 6, 2006**PTO IDENTIFIER:** Application Number 10/521420
Patent Number**Inventor:** Peter Greasley**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE IP GROUP
ROPES & GRAY LLP
David P. Halstead, Ph.D.**PHONE:** (617) 951-7615**Attorney Dkt. #:** ASZD-P01-752**PAGES (Including Cover Sheet):** 4**CONTENTS:** Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
Statement Under 37 CFR 3.73 (b) (1 page)
This Facsimile Cover Sheet (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7615 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110-2624
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

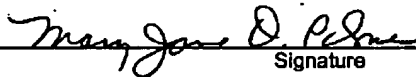
Application No. (if known): 10/521420

Attorney Docket No.: ASZD-P01-752

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 6, 2006
Date


Signature

Mary Jane DiPalma

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)

Statement Under 37 CFR 3.73 (b) (1 page)

Facsimile Cover Sheet (1 page)

This Certificate of Transmission (1 page)

RECEIVED
CENTRAL FAX CENTER

FEB 06 2006

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/521,420
	Filing Date	January 14, 2005
	First Named Inventor	Peter Greasley
	Art Unit	1649
	Examiner Name	Ulm, John D.
	Attorney Docket Number	100752-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 44992

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

44992

OR

☐ Firm or
Individual Name AstraZeneca Pharmaceuticals LP

Address Global Intellectual Property
35 Gatehouse Drive

City Waltham

Country USA

State

MA

Zip

02451

Telephone (781) 839-4000

Fax

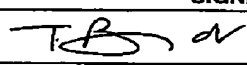
(781) 839-4121

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name Tracey Bryant

Date 13 JANUARY 2006

Telephone

+44 (0) 1625 513228

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

**RECEIVED
CENTRAL FAX CENTER**

FEB 06 2006

PTO/SB/96 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Peter Greasley

Application No.: 10/521,420 Filed: January 14, 2005

Entitled: METHODS TO IDENTIFY TRUE ANTAGONISTS AND INVERSE AGONISTS OF THE
CANNABINOID RECEPTOR

AstraZeneca AB, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016763, Frame 0221, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Tracey Bryant
Signature

13 JANUARY 2006
Date

Tracey Bryant
Printed or Typed Name

Authorized Signer for Assignee
Title: Patent Director, Oncology & Infection

Telephone Number
+44 (0) 1625 513228